

tumours were determined. These observational data provide the foundations for future mechanistic studies of glioma stem cell migration in vitro, which are currently underway.

0209 PAEDIATRIC CIRCUMCISION: A STUDY EXAMINING POST-OPERATIVE COMPLICATIONS, PARENTAL ANXIETY AND ITS IMPACT ON PRIMARY CARE

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Background: Complications of paediatric circumcision include pain, bleeding, infection and poor cosmesis. Pre-operative counselling and structured post-operative regimes are vital for maintaining good clinical care and to prevent parental anxiety which can lead to unnecessary visits to the GP increasing the burden to primary care.

Aims: To evaluate post-operative complications and parental satisfaction with a paediatric circumcision service provided by a district general hospital.

Methods: In a one year retrospective study 30 patients with a median age of 6 years were operated on by the same surgeon and given similar pre and post-operative advice including leaflets, paracetamol as analgesia, dressing regimes and one month follow up appointments.

Patient notes and telephone questionnaires were used to record post-operative complications, GP visits and parental satisfaction.

Results: All complications and GP visits occurred within the first week. 27% of patients required extra analgesia and two patients had post-operative infections. 23% of parents visited a GP within a week anxious about their child's analgesia requirements, cosmesis and infection. 30% of parents thought that their child should be seen earlier post-operatively.

Conclusions: On discharge ibuprofen and paracetamol should be prescribed and all patients should be followed up within a week of having a circumcision.

0210 INCENTIVISING DAY-CASE LAPAROSCOPIC CHOLECYSTECTOMY

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Aims: Day-case laparoscopic cholecystectomy (DCLC) is one of four high volume "Best Practice" NHS tariffs proposed for 2010. Improving DCLC rates represents an ideal opportunity to make significant NHS cost savings and simultaneously improve patient care. This study investigates whether a NHS financial incentive can trigger an improvement in the day-case rate at a medium-sized Foundation Trust with a background DCLC rate of 35%.

Methods: Prospective data over 4 months in 2010 was statistically compared with that in 2007, 2008 and 2009 following the implementation of a financial incentive strategy.

Results: Sex, age, ASA grade and operation length did not differ significantly between year groups. The DCLC rate was significantly higher in 2010 after the implementation of the strategy (68.5% vs 30.9 – 39.6% $p < 0.001$ 2-tailed Chi-squared (χ^2) test).

Conclusions: The DCLC rate increase appeared to be without adverse consequences, with low complication rates and a 2.2% readmission rate. This study outlines 5 simple commandments to be followed by NHS Trusts to enable a sustained improvement in their DCLC rate. Clearly, not all patients are suitable for day-case discharge. However, it would appear that the maximum upper limit for any trust to aim at for day-case laparoscopic cholecystectomy is 85%.

0212 A COMPARISON OF JOINT INJURIES AND FRACTURES SUSTAINED THROUGH HIGH SCHOOL AMERICAN FOOTBALL IN ILLINOIS, USA. WHAT FACTORS AFFECT THE TYPES OF INJURIES SUSTAINED?

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In North America, high school American Football is a highly competitive sport associated with a variety of injuries. This study aimed to ascertain the orthopaedic injuries sustained and factors influencing injury, investigated over 2 seasons (2007–2009) at 5 high schools in DuPage County, Illinois, USA.

Methods: Anonymous data was collected over 8 weeks from the accident records of certified athletic trainers, each injury originally diagnosed by an orthopaedic surgeon. 1100 records were encountered, with 111 patients fitting selection criteria. A template sheet was developed and piloted to aid data collection. Variables recorded included; playing surface (grass/synthetic turf), training sessions per week, age of athletes and scenario (practice/competition). The injuries were categorised and Fisher's exact test applied for each variable.

Results: A fractured radius (30%) was the most common fracture, and patella fracture the least common (2%). The most likely joint injury was acromioclavicular joint separation (19%). Playing more times per week was protective for knee injuries ($P < 0.05$), but increased the likelihood of shoulder injuries ($P < 0.05$).

Conclusions: Playing on synthetic turf rather than grass does not increase the risk of fractures or joint injury. Training and competitive play more times per week can reduce risk of knee injuries in high school athletes.

0213 INCREASING TRAINING OPPORTUNITIES UNDER THE EWTD

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Introduction: The EWTD has reduced surgical training to 18,000 hours over 8 years. Vascular trainees are still expected to have been involved in 200 major vascular operations. We assessed EWTD implementation on trainee involvement in major vascular cases at a District Hospital.

Methods: A retrospective audit of one consultant surgeon's Intercollegiate Surgical Curriculum Project (ISCP) logbook was performed. Trainee involvement in all vascular major cases from 2001–2009 was analysed.

Results: The overall number of cases remained constant (45–50 per year). In 2005 after the introduction of the 58hr working week, major cases performed without a trainee doubled to 22% ($n=10$). Since this time however trainee involvement has increased such that in 2009 only 2 major cases (4%) were performed without a trainee present. Most strikingly, the proportion of supervised operating since 2005 has increased year by year from 42% in 2005 to 55% in 2009.

Discussion: The level of supervised operating is above that observed in similar studies of changes to training imposed by the Calman reforms. The results show training opportunities in vascular surgery can be maximised despite restrictions in working hours. Important factors are probably trainee flexibility and enthusiasm for training on the part of the consultant supervisor.

0214 A DISTRICT GENERAL EXPERIENCE OF TRANSVERSUS ABDOMINUS PLANE BLOCK IN LAPAROSCOPIC COLORECTAL SURGERY

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Aims: To assess the safety of ropivacaine 2mg/kg for Transversus Abdominus Plane (TAP) block and to assess its impact on post-operative analgesia requirements, length of stay and time to opening bowels.

Method: A case controlled study of the first 20 patients to receive TAP block and Patient Controlled Analgesia (PCA) compared with 20 matched cases who received PCA only.

Results: No adverse reactions were noted. There is decreased overall use of PCA dose in the TAP group but no difference in patient demand for PCA or in actual delivered doses from the PCA between the two groups within the first 12hrs post operatively. Time to first bowel opening was 2 days in the TAP group compared with 5 days in the control group. Total postoperative length of stay was 5.5 days in the TAP group compared with 8 days in the control group.

Conclusion: The expedited return of bowel function in the TAP group contributed to a shorter in-hospital stay.

All patients in this study were treated within an ERAS Protocol. We believe these results support the inclusion of TAP block as part of ERAS in further prospective trials.

0215 A COMPARISON OF MORTALITY PREDICTIVE DATA SYSTEMS IN HIGH RISK PATIENTS

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Background: Measurement of performance within the National Health Service (NHS) has increased in importance over the past twenty years. Trusts and regulatory bodies like the Care Quality Commission (CQC) increasingly rely on Hospital Episode Statistics (HES) data and Dr Foster algorithms. These latter methodologies rely heavily upon population and whole hospital analyses, and a small number of variables. However such data is now being increasingly used to measure surgeon specific performance without validation studies. The POSSUM system has been extensively validated in general surgery and is considered the methodology of choice by the specialist societies and the colleges.

Method: This study compares the accuracy of Dr Foster with POSSUM in colorectal procedures during the period of January 2008 to June 2010. During this period 709 patients underwent colorectal surgery and 41 patients died within 30 days of surgery. Mean prediction for mortality in those who died was 20.3%, with Dr Foster (range 3–63.7) and 28.4% with POSSUM (range 1–79.1%), Dr Foster under predicted mortality in 70.7% of patient.

Conclusion: There were major differences in case mix profile when comparing Dr Foster with POSSUM. Individual surgeons case mix profile could have a major impact on Dr Foster Surgeon specific performance data. Thus POSSUM remains the optimal method for comparative audit.

0217 SELECTING SURGICAL TRAINEES IN THE UK – A DEANERY SELECTION CRITERIA COMPARISON FOR TRAINEES AND TRAINERS AND ANALYSING WORKFORCE PLANNING DATA 2010

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Introduction: Surgery is a popular and competitive specialty. Recent reforms have minimised surgical exposure and therefore, career guidance for trainees is crucial from medical school onwards. We aimed to establish the essential, desirable and deviant criteria needed to apply for surgical training posts alongside the workforce planning data within the United Kingdom (UK).

Methods: Deanery data was collected from the Royal College of Surgeons of England, Modernising Medical Careers (MMC) and Centre for Workforce Intelligence (CFWI) websites. Documents were analysed for correlating and deviant selection criteria and workforce forecasts. Data was thereafter summarised.

Results: Data from nineteen Deaneries were obtained. Criteria were tabulated into "essential" and "desirable", and categorised into: Eligibility to Train, Clinical Skills, Research & Academia, Personal Attributes, Evidence of Commitment and Outside Interests. There were no deviant criteria for any Deanery and there was a high level of congruence between Deaneries. Workforce planning data was categorised into regions showing the variations in numbers.

Conclusions: Prospective surgeons should create their portfolio early in medical school with a view to continuous development. Simultaneously, applicants should familiarise themselves with all criteria for their aspired speciality. It is also essential to consider workforce planning data regarding speciality expansion/contraction rates.

0218 THE EFFECT OF PRIVATE-PUBLIC SECTOR HOSPITAL PARTNERSHIPS ON BASIC SURGICAL TRAINING

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Introduction: The new private-public partnership hospitals (ISTCs) create a new challenge for basic surgical training programmes. The Southampton ISTC offers Core Surgical Trainees (CTs) exclusive access to lists advertised and bookable through a trainee-run website. This paper describes the role of the ISTC in providing basic operating experience.

Method: 22 CTs were invited to submit logbook analysis from a 4-month period. ISTC lists and procedures were calculated for the same period. The number of laparoscopic cholecystectomies and inguinal hernia repairs performed over a 12-month period was calculated.

Results: 14 CTs responded; of these, 4 had never attended the ISTC. The average total number of procedures logged per month was 22. Those who attended the ISTC logged 29 procedures per month. Those who never attended logged only 12 procedures per month. Over a 4-month period there were 168 general/urology lists at the ISTC and 616 procedures. Over 12-months, 223 laparoscopic cholecystectomies and 539 open inguinal hernia repairs were performed.

Conclusions: ISTCs are now a key element of service provision for core surgical procedures and represent a valuable resource for basic surgical training that is underused in our trust. CTs must be encouraged, allowed and allocated time to attend regularly.

0223 IS THE DOWNGRADING OF CORE SURGICAL TRAINEES' (CST) COMPETENCY LEVELS IN ELECTIVE INGUINAL HERNIA REPAIR JUSTIFIED?

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Introduction: The Intercollegiate Surgical Curriculum Programme (ISCP) syllabus was revised in 2010. Along with other technical skills, the expected competency of CSTs for elective inguinal hernia repair (IHR) changed from level 3 ("able to perform the whole procedure with minimum supervision needed occasional help"), to level 2 ("able to perform the procedure, or part observed, under supervision"). Is this change justified?

Method: A retrospective review of all elective IHRs performed over one year in a district general hospital was completed. Grade and supervision levels of operating surgeons were collected.

Results: 150 IHR were identified [35 (23%) open, 115 (77%) laparoscopic]. A CST was present in 35 (23%) IHR [16/35 (46%) of all open, 19/115 (17%) of all laparoscopic]. CSTs performed under supervision 7/16 (44%) of the open IHR they attended, this equates to 7/150 (5%) of all IHR.

Conclusions: More IHRs are being performed laparoscopically. CSTs are exposed to few open IHRs. We have demonstrated that downgrading CST expected competency level in IHR is justified. Rather than concede that CSTs are becoming less technically competent, the syllabus should adapt to allow demonstration of higher competency levels in procedures CSTs are increasingly exposed to, such as induction of pneumoperitoneum in laparoscopic surgery.

0224 AUDIT OF INCOMPLETE EXCISIONS AND RECURRENCES IN SURGICALLY TREATED BASAL CELL CARCINOMA AND SQUAMOUS CELL CARCINOMA AMONG HEAD AND NECK SKIN CANCER PATIENTS IN BASINGSTOKE AND NORTH HAMPSHIRE HOSPITAL

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Introduction: Basal Cell Carcinomas (BCC) and Squamous Cell Carcinomas (SCC) are malignant tumours that commonly present in the head and neck region. The ENT department excises over 200 skin lesions in a year. A previous audit in 2003 had shown an incomplete excision rate of 8.91% and recurrence rate of 2.7% among surgically treated BCC patients.

Objectives: a) Ensure surgical excision of BCC and SCC lesions comply with existing British Association of Dermatology (BAD) guidelines b) Identify incomplete excisions and recurrences and subsequent management.

Methods: All BCC and SCC excisions between 1.9.2009 – 1.9.2010 were identified. Data was collected on age, gender, histology subtype, excision site and margins, grade of operating surgeon, method of wound closure, recurrences and complications.